

Farmers key to keeping food supply chain intact

Help them get fair prices, firm inputs and low-interest loans

BAKGLADESH may still be in a relatively good position when it comes to food security, all things considered, but that may change if the food supply chain cannot be kept intact. There are already warning signs on the horizon. We have had reports of growing disruptions in the local production and supply chains after cyclone Amphan, which served to accentuate the effects of months-long lockdown restrictions by destroying vast swathes of land and properties in the coastal region. Farmers are among the hardest hit groups in the Covid-19 crisis. While talking to *The Daily Star* recently, Dr Jahangir Alam, an agricultural economist, has rightly stressed the need to help farmers on a priority basis, which he tied with the imperative need of keeping the food supply chain intact.

He identified two factors responsible for farmers not getting fair prices for their produce: first, the dwindling purchasing capacity of a large section of the people now struggling with no work and no earnings; second, the failure to transport large portions of vegetables, milk, fish, chicken, eggs and other dairy and agricultural products to the cities. Transport owners hiking transportation fares is exacerbating the crisis. If this trend continues, small and medium farmers with fewer coping strategies will incur heavy losses. They will become frustrated and won't go into production in the next season. This, coupled with the disruptions in the international market, may offset our gains in the past months and threaten our food security. It's important to remember that we may still be self-sufficient in rice, but we import around 60 lakh tonnes of grains—maize and wheat—every year. Much of our dairy, poultry, and fish production depends on maize, the main food for livestock. We need to make sure we produce these grains domestically, and also prepare better to boost local rice production. This is largely possible if farmers are allowed to do their job and weather the disruptions properly.

The government has a huge role to play in this regard. Considering their important role in keeping the supply chain intact, the government should help farmers grow, preserve and get fair prices for their produce, facilitate low-cost transportation of food products to the market, and make farm inputs such as imported fertilisers and insecticides available for them, especially ahead of the Aman and subsequent Boro seasons. Importantly, the government can further reduce the interest rates for both general farm loans and loans declared under the stimulus packages. This is the only logical thing to do given the enormous burden farmers are carrying on their shoulders.

Corona's dark portends on the majority of our people

Health and economy at high risk

THERE was little doubt that Covid-19 would eventually affect more than the health of the people, given the pervasive grip of the virus. Every aspect of the economy would be seriously affected by the deadly pandemic. The situation would be further exacerbated by the fact that almost all countries will have been affected by it once the pandemic is over. We had said not long ago in these very pages that the country would be counting the costs and grappling to come out of the whirlpool long after the last cured patient of Covid-19 has left the hospital, or the last unfortunate victim of the virus has been interred.

Our fears have come to be validated by a study published recently that presents us with very ominous predictions about more than half the population of the country. These are the low income and extremely poor people, some newly indigent, which is about 53 million people. The number of people facing high economic risks stands at more than 47 million, and those facing high health risks total more than 36 million, according to the survey. Both the formal and informal sectors have been adversely affected, with the prospects of high foreign remittance growing dim as a large number of expatriate workers have returned home.

According to a joint study led by Brac, DataSense and Unyan Sammanya, and participated in by several universities and think-tanks, and the International Monetary Fund, more than 100 million people are facing high economic and health risks in Bangladesh, with 74 percent of the families already struggling to survive having seen their income go down; job loss due to the pandemic being one of the contributing factors.

We feel that the government's job is well cut out so far as the next budget is concerned. Not only the study, but other eminent economists and experts also have some very appropriate and doable suggestions that ought to be considered seriously. The focus, as they suggest, has to be on the agricultural and health sectors. Food and cash support should be given for those in the lower layers of the economic pyramid just to survive. The health sector needs more than the one percent of GDP, as evidenced by the pathetic conditions betrayed by the pandemic, not to forget subsidies to the medium and small enterprises. Equally important is the government's allocational efficiency and the prevention of wasteful expenditures.

LETTERS TO THE EDITOR

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Menstrual hygiene in shelters

Women living in the coastal regions face great trouble with menstrual hygiene, especially during disasters, when they have to evacuate to cyclone shelters where there are no facilities for changing or disposing of napkins. Using a sanitary napkin for a long time can make them vulnerable to diseases, and the lack of privacy means women who use rags can't dry them for reuse. Shelters do not provide sanitary napkins and there is no way to source new ones during disasters. The Ministry of Disaster Management and Relief must address these issues. Simple solutions such as providing sanitary napkins and separate female toilets can go a long way in menstrual management during disasters.

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POLITICS OF CLIMATE CHANGE



SALEEMUL HUQ

IN the last few weeks, the world has been having to deal with the double emergency of the pandemic as well as climate change, while Bangladesh and West Bengal had to deal with a triple emergency, with super cyclone Amphan hitting us quite badly. Unfortunately, such multiple emergencies are no longer going to be rare going forward. So we need to be that much better prepared to deal with them when they happen.

In the Bangladesh context, the good news was that we were able to track the projected pathway of the cyclone as it made its way slowly up the Bay of Bengal using multiple climate models, which proved reasonably accurate in terms of giving us sufficient warning. The latest warning updates were regularly being issued by the Bangladesh Meteorological Department and were widely understood by the NGOs and volunteers around the coastal areas, which enabled nearly 2.5 million people to be evacuated to cyclone shelters.

Obviously, it was extremely difficult to maintain social distancing guidelines in the cyclone shelters but nevertheless, people did their best. This combined effort of the relevant government agencies, Red Crescent volunteers and NGOs resulted in minimising the loss of lives to a few dozen, instead of the many tens of thousands we would have had in decades past.

There was similar success in warning and evacuation in India that minimised their loss of human lives as well, but

While Bangladesh and West Bengal have made major improvements in their respective cyclone warning and evacuation systems that prevented the loss of human lives, there was still considerable damage to people's homes and livelihoods, which becomes even more acute while we are tackling Covid-19 and its economic downturn at the same time.

J M AMINUR RAHIM

THE year 2020 has brought with it an unprecedented event—Covid-19 has spread across the globe and changed our lives. One of the changes it has brought is the emergence of digital health, with its most prominent feature being telemedicine. As a user experience (UX) researcher in digital health, it is great to see so many organisations focusing on this sector. The term "user experience" or UX refers to the experience of a user after interacting with a product. UX research deals with the behavioural aspect of the user of the product and focuses on making the product user friendly.

If the user experience aspect of these digital health initiatives is not addressed properly, they may not be able to reach their true potential. Technology is the easy part of digital health but addressing and solving the problems that matter to users is the main challenge.

A human centred approach is vital to digital health. Both online based healthcare platforms and traditional brick and mortar healthcare institutions need to accommodate the participation of its users when designing a system. In reality, this is not always the practice. When I use the word "users", it includes everyone involved in the process. A human centred design is a problem solving technique that brings a human perspective into solutions through the active participation of service users, and can contribute to eliminating the human errors in the process. A lot of times, we see unsatisfied patients complaining about service providers, mainly for the lack of empathy, negligence and wrong treatment. On the other hand, healthcare institutions also blame patients for their ignorance, carelessness and improper communication. Most of these problems can be mitigated through a human centred design

Dealing with the triple emergency

since the cyclone hit Odisha and West Bengal first, their number of deaths was higher than ours.

However, despite the successful prevention of deaths, there was nevertheless a great deal of damage from the winds, rains and tidal surge that led to loss of trees, crops, houses and infrastructure such as roads and embankments. The overtopping and breach of many coastal embankments

Covid-19 and its economic downturn at the same time. What should be the next phase of our recovery plans at the national, regional as well as global levels?

At the national level, we must immediately develop a short term recovery plan with our own financial resources, as well as from the global community. The recovery plan should aim to tackle humanitarian,

26th annual Conference of Parties (COP26) of the United Nations Framework Convention on Climate Change (UNFCCC) will now be held in November 2021 in Glasgow, Scotland, under the presidency of the United Kingdom. As Bangladesh will be chairing the Climate Vulnerable Forum (CVF), we will have an opportunity to speak there, not just on our own behalf, but for all the most vulnerable



Two men duck for cover as waves generated by Cyclone Amphan smash against a breakwater in Chennai, India. The wrath of the super cyclone was felt far more strongly in West Bengal and Bangladesh.

PHOTO: ARUN SANKAR/AFP VIA GETTY IMAGES

meant people were displaced and crops were lost to saline water. The costs are estimated at many billions of US dollars.

From the perspective of Bangladesh, there were two silver linings with respect to the final path of super cyclone Amphan. The first is that after hitting India, it hit the Sundarbans before reaching human habitations, and hence lost most of its force by then, although there was considerable loss to the flora and fauna of the forest. The second positive was that the Rohingya camps in Cox's Bazar were spared the worst, as the huts in the camps would have been unable to cope with very high wind speeds. While there was severe rainfall and some potential landslides, these were minimised by good preparation.

So while Bangladesh and West Bengal have made major improvements in their respective cyclone warning and evacuation systems that prevented the loss of human lives, there was still considerable damage to people's homes and livelihoods, which becomes even more acute while we are tackling

development and economic concerns, as well as public health and environmental considerations at the same time. This will require some holistic thinking and planning, involving not just the usual ministries of the government, but also experts from different disciplines in NGOs, universities and think tanks of the country. The good news is that these discussions are taking place every day and hopefully will result in a whole-of-society approach to the recovery.

At the regional level, we should recognise that the Sundarbans mangrove forest has once again played a major role in protecting both Bangladesh as well as West Bengal, and we should join forces to ensure that we are better at protecting the flora, fauna and also the people who live in it, on both sides of the border between the two countries. Joining forces to protect the Sundarbans, which is a world heritage site, will not only pay dividends for ourselves, but also be of benefit to the whole world.

Finally, at the global level, we have recently received news that the

developing countries. We should use this opportunity well.

One thing that the super cyclone has made absolutely clear is that loss and damage from human-induced climate change is now a grim reality and can no longer be avoided, so at COP26, we must push for a financial mechanism to provide funding for this loss and damage that goes beyond insurance. This will require doing our homework well before the event and the example of Amphan will be extremely relevant in such analyses.

We now need to think beyond single emergencies such as a cyclone, flood or even a pandemic. We need to see them as linked and have our preparedness systems and recovery systems linked up as well, and ready to be mobilised at short notice. Better preparedness has proven time and again to be the most effective in minimising the damage from such emergencies.

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Digital health: A UX perspective

approach.

Two things are vital for the proper implementation of this human centred approach. The first is that service providers must adopt the right mindset. This would help in the proper formation of teams and ensure the active and systematic participation of all users. The "right mindset" comes with the practice of taking users' feedback and improving on a continual basis.

Using the right tools is the second important aspect of the approach. This consists of selecting the right methodology and collecting actionable data. For example, taking user feedback just after experiencing a service is a great way to capture user experience. When looking at the data, a combination of both qualitative and quantitative data is required, and the data should be prepared in such a way that necessary actions can be taken based on it. Again, each and every tool needs to be validated with iterative testing.

Digital health services in Bangladesh can now play a crucial role in preventive healthcare. The whole world is taking precautionary measures now, keeping in mind that prevention is better than the cure. This prevention is not only important for communicable diseases like Covid-19, but also for important non-communicable diseases (NCDs) like diabetes and heart disease, which pose much greater threats to human lives. Digital health is a great tool for the prevention and detection of many diseases, especially NCDs, since it can make easy and usable connections between service providers and service receivers, thus enabling a better preventive healthcare system.

Providing healthcare content is a very helpful tool in preventive care, and in this case, three things should be kept in mind. Firstly, the content should be relevant to users. Relevancy can be sorted out from users' needs and

preferences. Secondly, content should be actionable, so that it can motivate users to follow it. Thirdly, content should be trustworthy, so that users stick to the service.

Currently, our healthcare seeking behaviour is reactive, but we need to change it to being proactive. In the reactive approach, a person seeks healthcare services only after getting sick, whereas a person with a proactive approach takes precautionary steps to prevent the disease in the first place. This needs to be done in a systematic way. For example, the BJ Fogg Behaviour Model argues that behaviour change is a combined effort of motivation, ability and trigger, which prompts users to take actions. In my experience, motivation is the biggest challenge in healthcare behaviour change. Now due to the Covid-19 crisis, all of us are assessing our healthcare behaviour. This sudden behaviour change can help us to adopt a proactive attitude in preventing diseases.

Many people think digital health means only telemedicine. And in many patients' perceptions, it means only primary chitchat with a doctor and the end of the service. Service providers are also stuck on telemedicine when they provide digital health. In reality, digital health has a vast horizon that is yet to be visible in front of our eyes. Some of its other features are medicine delivery, home testing, health management in mobile app, health insurance etc.

We need a great deal of user research in order to move beyond telemedicine. This is because we should design a service that matters to the users. There are two things to focus on here.

First, user research is needed to find the gaps in existing services, which may help service providers to expand beyond the existing service while trying to fill the gap. For example, after using telemedicine, a user may demand delivery of medicine prescribed in the

consultation. Or a person with a high risk of diabetes may take help from a mobile app for better adherence to their healthcare plan.

Secondly, a minimum viable product (MVP) and a small user group needs to be selected at first to test the product being offered. Both the approach and the learnings from the test should be properly documented when moving forward. If a user segment is happy about the services they use, they can be chosen for testing additional features. For example, some users in telemedicine are spontaneous about giving feedback on the services they use. They can be given healthcare content and asked about their feedback on the content. The service providers can learn a lot from these users and improve before scaling it to every other user.

I am exposed to lots of marketing offers from different healthcare providers, starting from discounts in medicines to offers in medical tourism. However, it is obvious that most people are skeptical of how this kind of marketing actually helps. Service providers need to understand its users' motivations and engage in proper messaging based on that—emphasising on user experience can break the barriers to adoption. Once a user gets an orientation to the service, steps should be taken to ensure a pleasant experience and make them a repeated user. A happy user is the biggest promoter of a product.

Many tech startups involved in other businesses are coming for their share in digital health. These are exciting times, and the perfect moment for the people in this sector to utilise people's current attention to healthcare and contribute to the long term betterment of society by creating unique, user-friendly services.

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